



Missouri Pharmacy Program – Preferred Drug List



COPD Anticholinergics

Effective: 07/05/2005

Revised 07/06/2006

Preferred Agents

- Ipratropium Solution
- Atrovent® MDI
- Combivent® MDI

Non-Preferred Agents

- DuoNeb®
- Spiriva® HandiHaler

Approval Criteria

Failure to achieve desired therapeutic outcomes with trial for 1 or more preferred agents.

Documented trial period for preferred agents

Documented ADE/ADR to preferred agents.

Documented compliance on current therapy regimen.

Denial Criteria

Lack of adequate trial on required preferred agents.

Therapy will be denied if no approval criteria are met.

MAC pricing will be utilized when applicable.

Drug Prior Authorization Hotline: (800) 392-8030.